

INVOICE

Payable to:  
Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payor:  
Aging Well, PA LLC  
525 South 29<sup>th</sup> Street- Suite B  
Harrisburg, PA 17104

Agreement number: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Assessment Tool	Number Completed
FED	
PASRR-EV	
Redetermination	
Incomplete yet Billable*	
Prior Month Reconciliation	
Total	

I certify that the above information is correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\*These include those instances when the assessor was turned away, the applicant terminated the assessment process, or there were no shows and the Mosley V Alexander requirements were met.

<p>For Aging Well PA's Use Only</p> <p>Approve _____</p> <p>Deny _____</p> <p>Date: _____</p> <p>By: _____</p>
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All invoices are due monthly to Aging Well, PA within the first 5 business days of the end of the following month. Send to: [fedbilling@agingwellpa.org](mailto:fedbilling@agingwellpa.org) and copy your Quality Compliance & Support Specialist.